

DETERMINANTS OF PROPHYLAXIS UPTAKE AGAINST MALARIA AMONG PREGNANT WOMEN IN UGANDA

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ABSTRACT

Globally, malaria threatens the lives of 40% of world's population and each year there is an estimated 300-500 million clinical cases, it is the cause of one million deaths annually. In Africa, malaria is responsible for about 20%-30% of hospital admissions and about 30%-50% of outpatient consultations.

In Sub Saharan Africa, 90% of the global malaria burdens occur during pregnancy and it accounts for about 400,000 (15%) cases of severe anemia approximately less than 35% of preventable low birth weight, 3%-8% of infant mortality and 5,000-200,000 infant deaths annually. It is also estimated that between 200,000 to 500,000 pregnant women develop severe anemia as a result of malaria and there are 10,000 maternal anemia related deaths in sub Saharan Africa annually. Until recently the problem of malaria in pregnancy was not analysed adequately. However, in the last few decades many comprehensive studies have highlighted various issues of malaria in pregnancy and its effect on maternal and infant death.

In Uganda, malaria is the number one contributor to high infant mortality (76/1000) and high maternal mortality (435/100000). Reports show that proportionate mortality ratio (PMR) due to malaria for all ages has increased progressively from 20.2% in 1988 to 32.1% in 2004 and this increase has been attributed to limited access to adequate services in the health care facilities, increasing resistance to antimalarial drugs and inadequate at home where most people receive the first treatment. In central region, a small proportion 25.8% of pregnant women using prophylaxis was more likely to take fansidar in comparison to 43.1% of the pregnant women who took fansidar in Kampala region which was relatively high. The study set out to establish the determinants of prophylaxis uptake against malaria among pregnant women in central Uganda.

A sample of 824 women was extracted from the main dataset of UDHS 2006 for further analysis. Univariate, bivariate and multivariate analyses were used. From bivariate analysis, the independent factors that were significantly associated with prophylaxis uptake against malaria included education level, wealth index, ownership and type of bed net used, antenatal visits and residence. From multivariate analysis, the significant determinants of prophylaxis uptake included education level and antenatal visits; where pregnant women with secondary+ education were more likely to use prophylaxis and pregnant women who attended antenatal were also more likely to use prophylaxis.

Recommendations include, improving information education and communication strategy particularly targeting pregnant women with no education who lack knowledge on the use of prophylaxis against malaria. Community outreaches should also be practiced targeting pregnant women who did not attend antenatal visits to easily access and avail services of prophylaxis use against malaria and ensuring that both the mother and the baby are in good health.